

UNCLASSIFIED

Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

EXHIBIT M

RESUME FORMAT

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Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT PROJECT MANAGER (US Citizen ONLY) (PER H.5.1.4.1)

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages

Date: _____

Formed filled in by: _____

1. **Personnel Information:** Check here if Incumbent ☐
- a. Last Name: (EX. SMITH)
 - b. First Name: (EX. JOHN)
 - c. Social Security Number (If Available): XXX-XX-XXXX
 - d. Gender: Male ☐ Female ☐
 - e. Citizenship: (EX. ENGLAND)
 - f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
 - g. POB: (Ex. City/State/Country)
 - h. Passport Information: (Country, Passport Number, Expiration Date)
 - i. Currently possess a U.S Government security clearance (SECRET, TOP-SECRET)?
Yes ☐ No ☐
If Yes, please explain: (Date, Clearance Level, Issuing Agency)

NOTE: This individual must have an interim TOP SECRET security clearance prior to performing his/her duties.

2. **Proficiency in English.** Please rate your proficiency in both spoken and written English. (Note: Refer to *Exhibit H.* of the contract for details of each proficiency level.)
- | | |
|--|--|
| <u>Spoken:</u> | <u>English</u> |
| Level 3 (general professional proficiency) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <u>Written:</u> | |
| Level 3 (general professional proficiency) | Yes <input type="checkbox"/> No <input type="checkbox"/> |

3. **Security/Military Experience.**
- a. A Bachelor's degree (four (4) years of directly related experience may be substituted for degree:
Yes ☐ No ☐ Explain: Enter Details Here
 - b. 15 years total experience to include program support (of which 10 years are specialized experience and physical/personal security related programs and a minimum of (5) years law enforcement, military experience, or guard force management.)
Yes ☐ No ☐ Explain: Enter Details Here

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Local Guard Services Kabul, Afghanistan

- c. Professional and/or managerial experience in planning, evaluating, analyzing, and implementing government security programs?
Yes ☐ No ☐ Explain: Enter Details Here
- d. Demonstrated experience in development of plans, policies and procedures, and interpretation of government regulations?
Yes ☐ No ☐ Explain: Enter Details Here
- e. Excellent written and verbal communication skills
Yes ☐ No ☐ Explain: Enter Details Here
- f. Capable of solving complex problems?
Yes ☐ No ☐ Explain: Enter Details Here
- f. Ability to communicate solutions effectively to both technical and non-technical audiences
Yes ☐ No ☐ Explain: Enter Details Here
- g. Ability to function effectively in adverse environments
Yes ☐ No ☐ Explain: Enter Details Here
- h. NOT adverse to overseas travel to countries that are considered dangerous or unhealthy
Yes ☐ No ☐ Explain: Enter Details Here

Note: General experience in program support includes experience, in a professional or managerial capacity, in planning, evaluating, analyzing, or implementing governmental security type programs. Specialized experience is defined as progressively responsible professional or managerial experience administering security related program in the Government or public sector environment

4. **Physical Fitness.** Please certify the following:
- | | | |
|--|------------------------------|-----------------------------|
| a. Are you well proportioned in height and weight? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Are you colorblind? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Can you hear ordinary conversation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Up-to-date inoculations for international travel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Free of communicable diseases? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

5. **Suitability**
- a. Convicted of any felony or misdemeanor involving moral circumstances during the 5-year period preceding the date of this proposal? Yes ☐ No ☐

6. **Additional information/comment:** Enter Details Here

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Local Guard Services Kabul, Afghanistan

DS/OPO/FPD
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DS/OPO/FPD Reviewer: **Name:** _____

Approved: _____ **Disapproved:** _____

COMMENTS: Enter Details Here

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Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT
DEPUTY PROJECT MANAGER (US Citizen ONLY)
(PER H.5.1.4.2)

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)

Date: _____

Formed filled in by: _____

1. **Personnel Information:** Check here if Incumbent ☐
- a. Last Name: (EX. SMITH)
 - b. First Name: (EX. JOHN)
 - c. Social Security Number (If Available): XXX-XX-XXXX
 - d. Gender: Male ☐ Female ☐
 - e. Citizenship: (EX. ENGLAND)
 - f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
 - g. POB: (Ex. City/State/Country)
 - h. Passport Information: (Country, Pasport Number, Expiration Date)
 - i. Currently possess a U.S Government security clearance (SECRET, TOP-SECRET)?
Yes ☐ No ☐
If Yes, please explain: (Date, Clearance Level, Issuing Agency)

NOTE: This individual must have an interim TOP SECRET security clearance prior to performing his/her duties.

2. **Proficiency in English.** Please rate your proficiency in both spoken and written English.
(Note: Refer to *Exhibit H.* of the contract for details of each proficiency level.)

Spoken:

Level 3 (general professional proficiency)

English

Yes ☐ No ☐

Written:

Level 3 (general professional proficiency)

Yes ☐ No ☐

4. **Security/Military Experience.**
- a. A Bachelor's degree (four (4) years of directly related experience may be substituted for degree:
Yes ☐ No ☐ Explain: Enter Details Here
 - b. 13 years total experience to include program support (of which 10 years are specialized experience and physical/personal security related programs and a minimum of (5) years law enforcement, military experience, or guard force management.)
Yes ☐ No ☐ Explain: Enter Details Here

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- c. Professional and/or managerial experience in planning, evaluating, analyzing, and implementing government security programs?
Yes ☐ No ☐ Explain: Enter Details Here
- d. Demonstrated experience in development of plans, policies and procedures, and interpretation of government regulations?
Yes ☐ No ☐ Explain: Enter Details Here
- e. Excellent written and verbal communication skills
Yes ☐ No ☐ Explain: Enter Details Here
- f. Capable of solving complex problems?
Yes ☐ No ☐ Explain: Enter Details Here
- f. Ability to communicate solutions effectively to both technical and non-technical audiences
Yes ☐ No ☐ Explain: Enter Details Here
- g. Ability to function effectively in adverse environments
Yes ☐ No ☐ Explain: Enter Details Here
- h. NOT adverse to overseas travel to countries that are considered dangerous or unhealthy
Yes ☐ No ☐ Explain: Enter Details Here

Note: General experience in program support includes experience, in a professional or managerial capacity, in planning, evaluating, analyzing, or implementing governmental security type programs. Specialized experience is defined as progressively responsible professional or managerial experience administering security related program in the Government or public sector environment

4. **Physical Fitness.** Please certify the following:
- | | | |
|--|------------------------------|-----------------------------|
| a. Are you well proportioned in height and weight? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Are you colorblind? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Can you hear ordinary conversation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Up-to-date inoculations for international travel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Free of communicable diseases? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

5. **Suitability**
Convicted of any felony or misdemeanor involving moral circumstances during the 5-year period preceding the date of this proposal? Yes ☐ No ☐

6. **Additional information/comment:** Enter Details Here

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DS/OPO/FPD Reviewer: **Name:** _____

Approved: _____ **Disapproved:** _____

COMMENTS: Enter Details Here

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EXHIBIT M - RESUME FORMAT GUARD FORCE COMMANDER (US CITIZEN ONLY*) (PER H.5.1.4.3)

* Incumbent Expts are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.1.2)

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)

Date: _____

Formed filled in by: _____

1. **Personnel Information:** Check here if Incumbent ☐
- a. Last Name: (EX. SMITH)
 - b. First Name: (EX. JOHN)
 - c. Social Security Number (If Available): XXX-XX-XXXX
 - d. Gender: Male ☐ Female ☐
 - e. Citizenship: (EX. ENGLAND)
 - f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
 - g. POB: (Ex. City/State/Country)
 - h. Passport Information: (Country, Pasport Number, Expiration Date)
 - i. Currently possess a U.S Government security clearance (SECRET, TOP-SECRET)?
Yes ☐ No ☐
If Yes, please explain: (Date, Clearance Level, Issuing Agency)

NOTE: This individual must have an interim SECRET security clearance prior to performing his/her duties.

2. **Proficiency in English.** Please rate your proficiency in both spoken and written English.
(Note: Refer to Exhibit H. of the contract for details of each proficiency level.)
- | | |
|--|--|
| <u>Spoken:</u> | <u>English</u> |
| Level 3 (general professional proficiency) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <u>Written:</u> | |
| Level 3 (general professional proficiency) | Yes <input type="checkbox"/> No <input type="checkbox"/> |

5. **Security/Military Experience.**
- a. A Bachelor's degree (four (4) years of directly related experience may be substituted for degree) or Officer or Senior Non-Commissioned Officer (NCO), or Military or Mid Grade Police service:
Yes ☐ No ☐ Explain: Enter Details Here
 - b. Prior military experience such as obtained by an Officer or Senior NCO in the U.S. Armed Forces:

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- Yes ☐ No ☐ Explain: Enter Details Here
- c. 10 years total experience to include program support and military, similar law enforcement/police, or local guard force supervisory experience
Yes ☐ No ☐ Explain: Enter Details Here
- d. Expert in Force Protection, : Yes ☐ No ☐ Explain: Enter Details Here
- e. Expert in physical security and access control matters: Yes ☐ No ☐ Explain: Enter Details Here

Note: General experience in program support includes experience, in a professional or managerial capacity, in planning, evaluating, analyzing, or implementing governmental security type programs. Specialized experience is defined as progressively responsible professional or managerial experience administering security related program in the Government or public sector environment

4. **Physical Fitness.** Please certify the following:
- | | | |
|--|------------------------------|-----------------------------|
| a. Are you well proportioned in height and weight? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Are you colorblind? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Can you hear ordinary conversation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Up-to-date inoculations for international travel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Free of communicable diseases? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

5. **Suitability**
Convicted of any felony or misdemeanor involving moral circumstances during the 5-year period preceding the date of this proposal? Yes ☐ No ☐

6. **Additional information/comment:** Enter Details Here

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DS/OPO/FPD Reviewer: Name: _____

Approved: _____ Disapproved: _____

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Local Guard Services Kabul, Afghanistan

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Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT ERT COMMANDER (US CITIZEN ONLY*) (PER H.5.1.4.4)

* Incumbent Expats are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.1.2)

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)

Date: _____

Formed filled in by: _____

1. **Personnel Information:** Check here if Incumbent ☐
- a. Last Name: (EX. SMITH)
 - b. First Name: (EX. JOHN)
 - c. Social Security Number (If Available): XXX-XX-XXXX
 - d. Gender: Male ☐ Female ☐
 - e. Citizenship: (EX. ENGLAND)
 - f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
 - g. POB: (Ex. City/State/Country)
 - h. Passport Information: (Country, Passport Number, Expiration Date)
 - i. Currently possess a U.S Government security clearance (SECRET, TOP-SECRET)?
Yes ☐ No ☐
- If Yes, please explain: (Date, Clearance Level, Issuing Agency)

NOTE: This individual must have an interim SECRET security clearance prior to performing his/her duties.

2. **Proficiency in English.** Please rate your proficiency in both spoken and written English.
(Note: Refer to *Exhibit H* of the contract for details of each proficiency level.)
- | <u>Spoken:</u> | <u>English</u> |
|--|--|
| Level 3 (general professional proficiency) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <u>Written:</u> | |
| Level 3 (general professional proficiency) | Yes <input type="checkbox"/> No <input type="checkbox"/> |

- 6.. **Security/Military Experience.**
- a. Completion of University, Officer or Senior Non-Commissioned Officer (NCO, or Military or Senior/Mid Grade Police Service:
Yes ☐ No ☐ Explain: Enter Details Here
 - b. Prior military experience such as obtained by an Officer or Senior NCO in the U.S. Armed Forces
Yes ☐ No ☐ Explain: Enter Details Here

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- c. Minimum of 10 years of military, similar law enforcement/police, or local guard force supervisory experience.

Yes ☐ No ☐ Explain: Enter Details Here

B2

Note: General experience in program support includes experience, in a professional or managerial capacity, in planning, evaluating, analyzing, or implementing governmental security type programs. Specialized experience is defined as progressively responsible professional or managerial experience administering security related program in the Government or public sector environment

4. **Physical Fitness.** Please certify the following:

- | | | |
|--|------------------------------|-----------------------------|
| a. Are you well proportioned in height and weight? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Are you colorblind? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Can you hear ordinary conversation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Up-to-date inoculations for international travel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Free of communicable diseases? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

5. **Suitability**

Convicted of any felony or misdemeanor involving moral circumstances during the 5-year period preceding the date of this proposal? Yes ☐ No ☐

6. **Additional information/comment:** Enter Details Here

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DS/OPO/FPD Reviewer: Name: _____

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Local Guard Services Kabul, Afghanistan

Approved: _____ *Disapproved:* _____

COMMENTS: Enter Details Here

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Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT SITE SUPERVISOR (U.S. CITIZEN ONLY*) (PER H.5.1.4.6)

* Incumbent Expats are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.1.2)

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)

Date: _____

Formed filled in by: _____

1. **Personnel Information:** Check here if Incumbent ☐
- a. Last Name: (EX. SMITH)
 - b. First Name: (EX. JOHN)
 - c. Social Security Number (If Available): XXX-XX-XXXX
 - d. Gender: Male ☐ Female ☐
 - e. Citizenship: (EX. ENGLAND)
 - f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
 - g. POB: (Ex. City/State/Country)
 - h. Passport Information: (Country, Pasport Number, Expiration Date)
 - i. Currently possess a U.S Government security clearance (SECRET, TOP-SECRET)?
Yes ☐ No ☐
- If Yes, please explain: (Date, Clearance Level, Issuing Agency)

NOTE: This individual must have an interim SECRET security clearance prior to performing his/her duties.

2. **Proficiency in English.** Please rate your proficiency in both spoken and written English. (Note: Refer to *Exhibit H* of the contract for details of each proficiency level.)

<u>Spoken:</u>	<u>English</u>
Level 3 (general professional proficiency)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Written:</u>	
Level 3 (general professional proficiency)	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. **Security/Military Experience.**
- a. Completion of University, Senior NCO, or Military or Senior/Mid-Grade Police service
Yes ☐ No ☐ Enter Details Here
 - b. Prior military experience such as obtained by a Senior NCO in the U.S. Armed Forces:
Yes ☐ No ☐ Enter Details Here

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c. Minimum of 7 years of military, similar police, or local guard force supervisory experience

Yes ☐ No ☐ Enter Details Here

d. Experienced in physical security and access control matters:

Yes ☐ No ☐ Enter Details Here

e. Qualified to provide instruction in weapons safety/rules of engagement, non-lethal weapons, pressure

point control techniques, close protection procedures, and static/patrol guard procedures.:

Yes ☐ No ☐ Enter Details Here

4. **Physical Fitness.** Please certify the following:

a. Are you well proportioned in height and weight?

Yes ☐

No ☐

b. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time?

Yes ☐

No ☐

c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30?

Yes ☐

No ☐

d. Are you colorblind?

Yes ☐

No ☐

e. Can you hear ordinary conversation?

Yes ☐

No ☐

f. Up-to-date inoculations for international travel?

Yes ☐

No ☐

g. Free of communicable diseases?

Yes ☐

No ☐

5. **Suitability**

a. Convicted of any felony or misdemeanor involving moral circumstances during the 5-year period preceding the date of this proposal? Yes ☐ No ☐

6. **Additional information/comment:** Enter Details Here

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DS/OPO/FPD Reviewer: Name: _____

Approved: _____ Disapproved: _____

COMMENTS: Enter Details Here

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Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT SHIFT SUPERVISOR (US CITIZEN ONLY*) (PER H.5.1.4.5)

* Incumbent Expats are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.1.2)

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)

Date: _____

Formed filled in by: _____

1. **Personnel Information:** Check here if Incumbent ☐
- a. Last Name: (EX. SMITH)
 - b. First Name: (EX. JOHN)
 - c. Social Security Number (If Available): XXX-XX-XXXX
 - d. Gender: Male ☐ Female ☐
 - e. Citizenship: (EX. ENGLAND)
 - f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
 - g. POB: (Ex. City/State/Country)
 - h. Passport Information: (Country, Pasport Number, Expiration Date)
 - i. Currently possess a U.S Government security clearance (SECRET, TOP-SECRET)?
Yes ☐ No ☐
If Yes, please explain: (Date, Clearance Level, Issuing Agency)

NOTE: This individual must have an interim SECRET security clearance prior to performing his/her duties.

2. **Proficiency in English.** Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H. of the contract for details of each proficiency level.)
- | | |
|--|--|
| <u>Spoken:</u> | <u>English</u> |
| Level 3 (general professional proficiency) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <u>Written:</u> | |
| Level 3 (general professional proficiency) | Yes <input type="checkbox"/> No <input type="checkbox"/> |

7. **Security/Military Experience.**
- a. Completion of University, Senior NCO, or Military or Senior/Mid-Grade Police service:
Yes ☐ No ☐ Enter Details Here
 - b. Prior military experience such as obtained by a Senior NCO in the U.S. Armed Forces:
Yes ☐ No ☐ Enter Details Here
 - c. Minimum of 7 years of military, similar police, or local guard force supervisory experience:

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Yes ☐ No ☐ Enter Details Here

d. Experienced in physical security and access control matters

Yes ☐ No ☐ Enter Details Here

e. Qualified to provide instruction in weapons safety/rules of engagement, non-lethal weapons, pressure point control techniques, close protection procedures, and static/patrol guard procedures.:

Yes ☐ No ☐ Enter Details Here

4. **Physical Fitness.** Please certify the following:

a. Are you well proportioned in height and weight?

Yes ☐

No ☐

b. Do you have physical disabilities that

would interfere with performance of your duties,
such as standing for prolonged periods of time?

Yes ☐

No ☐

c. Do you possess vision correctable (i.e. with
glasses or contacts) to 20/30?

Yes ☐

No ☐

d. Are you colorblind?

Yes ☐

No ☐

e. Can you hear ordinary conversation?

Yes ☐

No ☐

f. Up-to-date inoculations for international travel?

Yes ☐

No ☐

g. Free of communicable diseases?

Yes ☐

No ☐

5. **Suitability**

Convicted of any felony or misdemeanor involving moral circumstances during the 5-year period preceding the date of this proposal? Yes ☐ No ☐

6. **Additional information/comment:** Enter Details Here

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DS/OPO/FPD Reviewer: Name: _____

Approved: _____ **Disapproved:** _____

COMMENTS: Enter Details Here

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Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT ERT SUPERVISOR (US CITIZEN ONLY*) (PER H.5.1.4.7)

** Incumbent Expats are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.1.2)*

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)

Date: _____

Formed filled in by: _____

1. **Personnel Information:** Check here if Incumbent ☐
- a. Last Name: (EX. SMITH)
 - a. First Name: (EX. JOHN)
 - b. Social Security Number (If Available): XXX-XX-XXXX
 - c. Gender: Male ☐ Female ☐
 - d. Citizenship: (EX. ENGLAND)
 - e. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
 - f. POB: (Ex. City/State/Country)
 - g. Passport Information: (Country, Passport Number, Expiration Date)
 - h. Currently possess a U.S Government security clearance (SECRET, TOP-SECRET)?
Yes ☐ No ☐
If Yes, please explain: (Date, Clearance Level, Issuing Agency)

NOTE: This individual must have an interim SECRET security clearance prior to performing his/her duties.

2. **Proficiency in English.** Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H. of the contract for details of each proficiency level.)
- | | |
|--|--|
| <u>Spoken:</u> | <u>English</u> |
| Level 3 (general professional proficiency) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <u>Written:</u> | |
| Level 3 (general professional proficiency) | Yes <input type="checkbox"/> No <input type="checkbox"/> |

8. **Security/Military Experience.**
- a. Completion of University, Senior NCO, or Military or Senior/Mid-Grade Police service:
Yes ☐ No ☐ Enter Details Here
 - b. Prior military experience such as obtained by a Senior NCO in the U.S. Armed Forces:
Yes ☐ No ☐ Enter Details Here
 - c. Minimum of 7 years of military, similar police, or local guard force supervisory experience:

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Local Guard Services Kabul, Afghanistan

Yes ☐ No ☐ Enter Details Here

d. Familiarity with physical security and access control matters:

Yes ☐ No ☐ Enter Details Here

e. Qualified to provide instruction in weapons safety/rules of engagement, non-lethal weapons, pressure point control techniques, close protection procedures, and static/patrol guard procedures.

Yes ☐ No ☐ Enter Details Here

Yes ☐ No ☐ Enter Details Here

B2

4. **Physical Fitness.** Please certify the following:

- | | | |
|--|------------------------------|-----------------------------|
| a. Are you well proportioned in height and weight? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Are you colorblind? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Can you hear ordinary conversation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Up-to-date inoculations for international travel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Free of communicable diseases? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

5. **Suitability**

Convicted of any felony or misdemeanor involving moral circumstances during the 5-year period preceding the date of this proposal? Yes ☐ No ☐

6. **Additional information/comment:** Enter Details Here

DS/OPO/FPD
Office Use Only

DS/OPO/FPD Reviewer: Name: _____

Approved: _____ Disapproved: _____

COMMENTS: Enter Details Here

UNCLASSIFIED

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Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT SENIOR GUARD (U.S. OR EXPAT) (PER H.5.1.4.8)

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format.
Please do not exceed more than five (5) pages)

Date: _____

Formed filled in by: _____

1. **Personnel Information:** Check here if Incumbent ☐
- a. Last Name: (EX. SMITH)
 - b. First Name: (EX. JOHN)
 - c. Social Security Number (If Available): XXX-XX-XXXX
 - d. Gender: Male ☐ Female ☐
 - e. Citizenship: (EX. ENGLAND)
 - f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
 - g. POB: (Ex. City/State/Country)
 - h. Passport Information: (Country, Pasport Number, Expiration Date)

2. **Proficiency in English.** Please rate your proficiency in both spoken and written English.
(Note: Refer to Exhibit H of the contract for details of each proficiency level.)

<u>Spoken:</u>	<u>English</u>
Level 3 (general professional proficiency)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Written:</u>	
Level 3 (general professional proficiency)	Yes <input type="checkbox"/> No <input type="checkbox"/>

1. **Security/Military Experience.**

- a. Minimum of 5 years of mid-level military, similar police, or local guard force supervisory experience of which 3 years were at the NCO or equivalent level.
Yes ☐ No ☐ Explain: Enter Details Here
- b. Proficient in access control procedures of vehicles and pedestrians?
Yes ☐ No ☐ Explain: Enter Details Here
- c. Knowledgeable of proper patrol procedures?
Yes ☐ No ☐ Explain: Enter Details Here
- d. Skilled in operating two-way communication devices?
Yes ☐ No ☐ Explain: Enter Details Here
- e. Experienced in physical security and access control matters?
Yes ☐ No ☐ Explain: Enter Details Here

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UNCLASSIFIED

Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

4. **Physical Fitness.** Please certify the following:
- | | | |
|--|------------------------------|-----------------------------|
| a. Are you well proportioned in height and weight? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Do you have physical disabilities that
would interfere with performance of your duties,
such as standing for prolonged periods of time? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Do you possess vision correctable (i.e. with
glasses or contacts) to 20/30? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Are you colorblind? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Can you hear ordinary conversation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Up-to-date inoculations for international travel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Free of communicable diseases? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
-
5. **Suitability**
Convicted of any felony or misdemeanor involving moral circumstances during the 5-
year period preceding the date of this proposal? Yes ☐ No ☐
-
6. **Additional information/comment:** Enter Details Here
-

DS/OPO/FPD Office Use Only	
DS/OPO/FPD Reviewer:	Name: _____
Approved: _____ Disapproved: _____	
COMMENTS: <u>Enter Details Here</u>	

UNCLASSIFIED

**EXHIBIT M - RESUME FORMAT
SENIOR GUARD (TCN)
(PER H.5.1.4.8)****NOTICE:** The contractor, by submitting this document, certifies that the information listed is true and correct.**Instructions:** Please provide the requested information. Save and return in MS Word Document (.doc) Format.
Please do not exceed more than five (5) pages)**Date:** _____**Formed filled in by:** _____**1. Personnel Information:****Check here if Incumbent** ☐

- a. Last Name: (EX. SMITH)
- b. First Name: (EX. JOHN)
- c. Social Security Number (If Available): XXX-XX-XXXX
- d. Gender: Male ☐ Female ☐
- e. Citizenship: (EX. ENGLAND)
- f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
- g. POB: (Ex. City/State/Country)
- h. Passport Information: (Country, Pasport Number, Expiration Date)

2. Proficiency in English. Please rate your proficiency in both spoken and written English.
(Note: Refer to Exhibit H. of the contract for details of each proficiency level.)Spoken:English

Level 3 (general professional proficiency)

Yes ☐ No ☐Written:

Level 3 (general professional proficiency)

Yes ☐ No ☐**2. Security/Military Experience.**

- a. Minimum of 5 years of mid-level military, similar police, or local guard force supervisory experience of which 3 years were at the NCO or equivalent level.
Yes ☐ No ☐ Explain: Enter Details Here
- b. Proficient in access control procedures of vehicles and pedestrians?
Yes ☐ No ☐ Explain: Enter Details Here
- c. Knowledgeable of proper patrol procedures?
Yes ☐ No ☐ Explain: Enter Details Here
- d. Skilled in operating two-way communication devices?
Yes ☐ No ☐ Explain: Enter Details Here
- e. Experienced in physical security and access control matters?
Yes ☐ No ☐ Explain: Enter Details Here

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Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

4. **Physical Fitness.** Please certify the following:

- a. Are you well proportioned in height and weight? Yes ☐ No ☐
- b. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time? Yes ☐ No ☐
- c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30? Yes ☐ No ☐
- d. Are you colorblind? Yes ☐ No ☐
- e. Can you hear ordinary conversation? Yes ☐ No ☐
- f. Up-to-date inoculations for international travel? Yes ☐ No ☐
- g. Free of communicable diseases? Yes ☐ No ☐

5. **Suitability**

Convicted of any felony or misdemeanor involving moral circumstances during the 5-year period preceding the date of this proposal? Yes ☐ No ☐

6. **Additional information/comment:** Enter Details Here

DS/OPO/FPD
Office Use Only

DS/OPO/FPD Reviewer: Name: _____

Approved: _____ **Disapproved:** _____

COMMENTS: Enter Details Here

UNCLASSIFIED

Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT DISPATCHER/SENIOR GUARD (U.S. CITIZEN ONLY*) (PER H.5.1.4.9)

** Incumbent Expats are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.1.2)*

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)

Date: _____

Formed filled in by: _____

1. **Personnel Information:** **Check here if Incumbent** ☐
- a. Last Name: (EX. SMITH)
 - b. First Name: (EX. JOHN)
 - c. Social Security Number (If Available): XXX-XX-XXXX
 - d. Gender: Male ☐ Female ☐
 - e. Citizenship: (EX. ENGLAND)
 - f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
 - g. POB: (Ex. City/State/Country)
 - h. Passport Information: (Country, Pasport Number, Expiration Date)
 - i. Currently possess a U.S Government security clearance (SECRET, TOP-SECRET)?
Yes ☐ No ☐
If Yes, please explain: (Date, Clearance Level, Issuing Agency)

NOTE: This individual must have an interim SECRET security clearance prior to performing his/her duties.

2. **Proficiency in English.** Please rate your proficiency in both spoken and written English.
(Note: Refer to Exhibit H. of the contract for details of each proficiency level.)
- | | |
|--|--|
| <u>Spoken:</u> | <u>English</u> |
| Level 3 (general professional proficiency) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <u>Written:</u> | |
| Level 3 (general professional proficiency) | Yes <input type="checkbox"/> No <input type="checkbox"/> |

3. **Security/Military Experience.**
- a. Minimum of 3 years of military, similar police, or local guard force experience
Yes ☐ No ☐ Explain: Enter Details Here
 - b. Proficient in operating and monitoring of communications equipment?
Yes ☐ No ☐ Explain: Enter Details Here
 - c. Minimum of 1 year experience in military, police, or local guard force communications/dispatching:
Yes ☐ No ☐ Explain: Enter Details Here
 - d. Familiar with physical security and access control matters?

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Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

Yes ☐ No ☐ Explain: Enter Details Here

4. **Physical Fitness.** Please certify the following:
- | | | |
|--|------------------------------|-----------------------------|
| a. Are you well proportioned in height and weight? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Do you have physical disabilities that
would interfere with performance of your duties,
such as standing for prolonged periods of time? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Do you possess vision correctable (i.e. with
glasses or contacts) to 20/30? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Are you colorblind? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Can you hear ordinary conversation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Up-to-date inoculations for international travel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Free of communicable diseases? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

5. **Suitability**
Convicted of any felony or misdemeanor involving moral circumstances during the 5-
year period preceding the date of this proposal? Yes ☐ No ☐

6. **Additional information/comment:** Enter Details Here

DS/OPO/FPD
Office Use Only

DS/OPO/FPD Reviewer: Name: _____

Approved: _____ **Disapproved:** _____

COMMENTS: Enter Details Here

UNCLASSIFIED

Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT ERT MEMBER (US CITIZEN ONLY*) (PER H.5.1.4.10)

* Incumbent Expats are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.1.2)

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)

Date: _____

Formed filled in by: _____

1. Personnel Information:

Check here if Incumbent ☐

- a. Last Name: (EX. SMITH)
- b. First Name: (EX. JOHN)
- c. Social Security Number (If Available): XXX-XX-XXXX
- d. Gender: Male ☐ Female ☐
- e. Citizenship: (EX. ENGLAND)
- f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
- g. POB: (Ex. City/State/Country)
- h. Passport Information: (Country, Pasport Number, Expiration Date)

2. Proficiency in English. Please rate your proficiency in both spoken and written English.
(Note: Refer to *Exhibit H* of the contract for details of each proficiency level.)

Spoken:

English

Level 3 (general professional proficiency)

Yes ☐ No ☐

Written:

Level 3 (general professional proficiency)

Yes ☐ No ☐

3. Security/Military Experience.

- a. Possess minimum of 4 years military, similar police, or local guard force experience 1

Yes ☐ No ☐ Explain: Enter Details Here

- b.

Yes ☐ No ☐ Explain: Enter Details Here

- c. Familiar with physical security and access control matters

Yes ☐ No ☐ Explain: Enter Details Here

- d. Skilled in operating two-way communication devices:

Yes ☐ No ☐ Explain: Enter Details Here

B2

B2

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Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

4. **Physical Fitness.** Please certify the following:
- | | | |
|--|------------------------------|-----------------------------|
| a. Are you well proportioned in height and weight? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Are you colorblind? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Can you hear ordinary conversation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Up-to-date inoculations for international travel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Free of communicable diseases? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

5. **Suitability**
Convicted of any felony or misdemeanor involving moral circumstances during the 5-year period preceding the date of this proposal? Yes ☐ No ☐

6. **Additional information/comment:** Enter Details Here

DS/OPO/FPD
Office Use Only

DS/OPO/FPD Reviewer: Name: _____

Approved: _____ **Disapproved:** _____

COMMENTS: Enter Details Here

UNCLASSIFIED

**EXHIBIT M - RESUME FORMAT
ERT GUARD DRIVER (US CITIZEN ONLY*)
(PER H.5.1.4.10.1)**

** Incumbent Expats are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.I.2)*

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)

Date: _____

Formed/filled in by: _____

1. **Personnel Information:** Check here if Incumbent ☐
- a. Last Name: (EX. SMITH)
 - b. First Name: (EX. JOHN)
 - c. Social Security Number (If Available): XXX-XX-XXXX
 - d. Gender: Male ☐ Female ☐
 - e. Citizenship: (EX. ENGLAND)
 - f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
 - g. POB: (Ex. City/State/Country)
 - h. Passport Information: (Country, Pasport Number, Expiration Date)
 - i. Currently possess or able to obtain driver's license in Afghanistan for all vehicles required under this contract? Yes ☐ No ☐

2. **Proficiency in English.** Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H. of the contract for details of each proficiency level.)

<u>Spoken:</u>	<u>English</u>
Level 3 (general professional proficiency)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Written:</u>	
Level 3 (general professional proficiency)	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. **Security/Military Experience.**

a. Possess minimum of 4 years military, similar police, or local guard force experience 1 of which shall be with _____

Yes ☐ No ☐ Explain: Enter Details Here

b. _____

Yes ☐ No ☐ Explain: Enter Details Here

c. An operating record without significant traffic violations or accidents during the preceding 5 years and during the period of performance of this contract?

Yes ☐ No ☐ Explain: Enter Details Here

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Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

d. Exhibits advanced knowledge of vehicle operator functions and safe driving techniques?

Yes ☐ No ☐ Explain: Enter Details Here

e. Proficient in defensive driving techniques?

Yes ☐ No ☐ Explain: Enter Details Here

4. **Physical Fitness.** Please certify the following:

a. Are you well proportioned in height and weight?

Yes ☐ No ☐

b. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time?

Yes ☐ No ☐

c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30?

Yes ☐ No ☐

d. Are you colorblind?

Yes ☐ No ☐

e. Can you hear ordinary conversation?

Yes ☐ No ☐

f. Up-to-date inoculations for international travel?

Yes ☐ No ☐

g. Free of communicable diseases?

Yes ☐ No ☐

5. **Suitability**

Convicted of any felony or misdemeanor involving moral circumstances during the 5-year period preceding the date of this proposal?

Yes ☐ No ☐

6. **Additional information/comment:** Enter Details Here

DS/OPO/FPD
Office Use Only

DS/OPO/FPD Reviewer: Name: _____

Approved: _____ Disapproved: _____

COMMENTS: Enter Details Here

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Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT
ERT GUARD/EMERGENCY MEDICAL TECHNICIAN (US CITIZEN ONLY*)
(PER H.5.1.4.10.2)

** Incumbent Expats are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.1.2)*

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)

Date: _____

Formed filled in by: _____

1. Personnel Information:

Check here if Incumbent ☐

- a. Last Name: (EX. SMITH)
- b. First Name: (EX. JOHN)
- c. Social Security Number (If Available): XXX-XX-XXXX
- d. Gender: Male ☐ Female ☐
- e. Citizenship: (EX. ENGLAND)
- f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
- g. POB: (Ex. City/State/Country)
- h. Passport Information: (Country, Pasport Number, Expiration Date)

2. Proficiency in English. Please rate your proficiency in both spoken and written English.
(Note: Refer to Exhibit H. of the contract for details of each proficiency level.)

Spoken:

English

Level 3 (general professional proficiency)

Yes ☐ No ☐

Written:

Level 3 (general professional proficiency)

Yes ☐ No ☐

4. Security/Military Experience.

- a. Possess minimum of 4 years military, similar police, or local guard force experience: 1 of which shall be _____

Yes ☐

No ☐

Explain: Enter Details Here

B2

B2

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Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

4. **Physical Fitness.** Please certify the following:
- | | | |
|--|------------------------------|-----------------------------|
| a. Are you well proportioned in height and weight? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Are you colorblind? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Can you hear ordinary conversation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Up-to-date inoculations for international travel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Free of communicable diseases? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

5. **Suitability**
Convicted of any felony or misdemeanor involving moral circumstances during the 5-year period preceding the date of this proposal? Yes ☐ No ☐

6. **Additional information/comment:** Enter Details Here

DS/OPO/FPD
Office Use Only

DS/OPO/FPD Reviewer: Name: _____

Approved: _____ **Disapproved:** _____

COMMENTS: Enter Details Here

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Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT
ERT GUARD - MARKSMAN (US CITIZEN ONLY*)
(PER H.5.1.4.10.3)

** Incumbent Expats are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.1.2)*

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)

Date: _____

Formed filled in by: _____

1. **Personnel Information:** Check here if Incumbent ☐
- a. Last Name: (EX. SMITH)
 - b. First Name: (EX. JOHN)
 - c. Social Security Number (If Available): XXX-XX-XXXX
 - d. Gender: Male ☐ Female ☐
 - e. Citizenship: (EX. ENGLAND)
 - f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
 - g. POB: (Ex. City/State/Country)
 - h. Passport Information: (Country, Pasport Number, Expiration Date)

2. **Proficiency in English.** Please rate your proficiency in both spoken and written English.
(Note: Refer to Exhibit H of the contract for details of each proficiency level.)
- | | |
|--|--|
| <u>Spoken:</u> | <u>English</u> |
| Level 3 (general professional proficiency) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <u>Written:</u> | |
| Level 3 (general professional proficiency) | Yes <input type="checkbox"/> No <input type="checkbox"/> |

5. **Security/Military Experience.**
- a. Possess minimum of 4 years military, similar police, or local guard force experience 1

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Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

4. **Physical Fitness.** Please certify the following:

- | | | |
|--|------------------------------|-----------------------------|
| a. Are you well proportioned in height and weight? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Are you colorblind? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Can you hear ordinary conversation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Up-to-date inoculations for international travel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Free of communicable diseases? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

5. **Suitability**

Convicted of any felony or misdemeanor involving moral circumstances during the 5-year period preceding the date of this proposal? Yes ☐ No ☐

6. **Additional information/comment:** Enter Details Here

DS/OPO/FPD
Office Use Only

DS/OPO/FPD Reviewer: Name: _____

Approved: _____ **Disapproved:** _____

COMMENTS: Enter Details Here

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Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT ERT GUARD (US CITIZEN ONLY*) (PER H.5.1.4.10.4)

** Incumbent Expats are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.1.2)*

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)

Date: _____

Formed filled in by: _____

1. Personnel Information:

Check here if Incumbent ☐

- a. Last Name: (EX. SMITH)
- b. First Name: (EX. JOHN)
- c. Social Security Number (If Available): XXX-XX-XXXX
- d. Gender: Male ☐ Female ☐
- e. Citizenship: (EX. ENGLAND)
- f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
- g. POB: (Ex. City/State/Country)
- h. Passport Information: (Country, Pasport Number, Expiration Date)

2. Proficiency in English. Please rate your proficiency in both spoken and written English.
(Note: Refer to Exhibit H. of the contract for details of each proficiency level.)

Spoken:

English

Level 3 (general professional proficiency)

Yes ☐ No ☐

Written:

Level 3 (general professional proficiency)

Yes ☐ No ☐

3. Security/Military Experience.

- a. Possess minimum of 4 years military, similar police, or local guard force experience 1

Yes ☐

No ☐

Explain: Enter Details Here

- c. Familiar with physical security and access control matters

Yes ☐

No ☐

Explain: Enter Details Here

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B2

UNCLASSIFIED

Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

4. **Physical Fitness.** Please certify the following:
- | | | |
|--|------------------------------|-----------------------------|
| a. Are you well proportioned in height and weight? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Do you have physical disabilities that
would interfere with performance of your duties,
such as standing for prolonged periods of time? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Do you possess vision correctable (i.e. with
glasses or contacts) to 20/30? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Are you colorblind? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Can you hear ordinary conversation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Up-to-date inoculations for international travel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Free of communicable diseases? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

5. **Suitability**
Convicted of any felony or misdemeanor involving moral circumstances during the 5-
year period preceding the date of this proposal? Yes ☐ No ☐

6. **Additional information/comment:** Enter Details Here

DS/OPO/FPD
Office Use Only

DS/OPO/FPD Reviewer: Name: _____

Approved: _____ **Disapproved:** _____

COMMENTS: Enter Details Here

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Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

Exhibit M - Resume Format ERT SENIOR GUARD (US CITIZEN ONLY*) (PER H.5.1.4.10.5)

** Incumbent Expats are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.1.2)*

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)

Date: _____

Formed filled in by: _____

1. **Personnel Information:** Check here if Incumbent ☐
- a. Last Name: (EX. SMITH)
 - b. First Name: (EX. JOHN)
 - c. Social Security Number (If Available): XXX-XX-XXXX
 - d. Gender: Male ☐ Female ☐
 - e. Citizenship: (EX. ENGLAND)
 - f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
 - g. POB: (Ex. City/State/Country)
 - h. Passport Information: (Country, Pasport Number, Expiration Date)
 - i. Currently possess a U.S Government security clearance (SECRET, TOP-SECRET)?
Yes ☐ No ☐
If Yes, please explain: (Date, Clearance Level, Issuing Agency)

NOTE: This individual must have an interim SECRET security clearance prior to performing his/her duties.

2. **Proficiency in English.** Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H. of the contract for details of each proficiency level.)
- | | |
|--|--|
| <u>Spoken:</u> | <u>English</u> |
| Level 3 (general professional proficiency) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <u>Written:</u> | |
| Level 3 (general professional proficiency) | Yes <input type="checkbox"/> No <input type="checkbox"/> |

3. **Security/Military Experience.**

- a. Minimum of 5 years of mid-level military, similar police, or local guard force supervisory experience 3 years of which were at the NCO or equivalent level

b.

Yes ☐ No ☐ Explain: Enter Details Here

B2

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B2

- c.
 Yes ☐ No ☐ Explain: Enter Details Here
- d.. Proficient in access control procedures of vehicles and pedestrians?
 Yes ☐ No ☐ Explain: Enter Details Here
- e.. Knowledgeable of proper patrol procedures
 Yes ☐ No ☐ Explain: Enter Details Here
- f.. Skilled in operating two-way communication devices?
 Yes ☐ No ☐ Explain: Enter Details Here

4. **Physical Fitness.** Please certify the following:
- | | | |
|--|------------------------------|-----------------------------|
| a. Are you well proportioned in height and weight? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Are you colorblind? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Can you hear ordinary conversation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Up-to-date inoculations for international travel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Free of communicable diseases? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

5. **Suitability**
Convicted of any felony or misdemeanor involving moral circumstances during the 5-year period preceding the date of this proposal? Yes ☐ No ☐

6. **Additional information/comment:** Enter Details Here

DS/OPO/FPD	
Office Use Only	
DS/OPO/FPD Reviewer:	Name: _____
Approved: _____	Disapproved: _____
COMMENTS: <u>Enter Details Here</u>	

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Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

EXHIBIT M - Resume Format GUARD (TCN) (PER H.5.1.4.11)

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)

Date: _____

Formed filled in by: _____

1. Personnel Information: **Check here if Incumbent** ☐

- a. Last Name: (EX. SMITH)
- b. First Name: (EX. JOHN)
- c. Social Security Number (If Available): XXX-XX-XXXX
- d. Gender: Male ☐ Female ☐
- e. Citizenship: (EX. ENGLAND)
- f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
- g. POB: (Ex. City/State/Country)
- h. Passport Information: (Country, Pasport Number, Expiration Date)

2. Proficiency in English. Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H. of the contract for details of each proficiency level.)

<u>Spoken:</u>	<u>English</u>
Level 2 (limited working proficiency)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Written:</u>	
Level 2 (limited working proficiency)	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. Security/Military Experience.

- a. Minimum of 3 years of military, similar police, or local guard force experience
Yes ☐ No ☐ Explain: Enter Details Here
- b. Demonstrated proficiency with military grade weapons?
Yes ☐ No ☐ Explain: Enter Details Here
- c. Able to obtain a valid current local or international driver's license?
Yes ☐ No ☐ Explain: Enter Details Here
- d. Possess acceptable personal, and military record?
Yes ☐ No ☐ Explain: Enter Details Here
- e. Meet professional conduct, health, and appearance requirements?
Yes ☐ No ☐ Explain: Enter Details Here

4. Physical Fitness. Please certify the following:

- a. Are you well proportioned in height and weight? Yes ☐ No ☐
- b. Do you have physical disabilities that
would interfere with performance of your duties,

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- such as standing for prolonged periods of time? Yes ☐ No ☐
- c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30? Yes ☐ No ☐
- d. Are you colorblind? Yes ☐ No ☐
- e. Can you hear ordinary conversation? Yes ☐ No ☐
- f. Up-to-date inoculations for international travel? Yes ☐ No ☐
- g. Free of communicable diseases? Yes ☐ No ☐

5. **Suitability**
Convicted of any felony or misdemeanor involving moral circumstances during the 5-year period preceding the date of this proposal? Yes ☐ No ☐

6. **Additional information/comment:** Enter Details Here

DS/OPO/FPD
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DS/OPO/FPD Reviewer: Name: _____

Approved: _____ **Disapproved:** _____

COMMENTS: Enter Details Here

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Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT SCREENER (INTERPRETER) (LN - LOCAL NATIONAL) (PER H.5.1.4.12)

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)

Date: _____
Formed filled in by: _____

1. **Personnel Information:** Check if Incumbent ☐
- a. Last Name: (EX. SMITH)
 - b. First Name: (EX. JOHN)
 - c. Social Security Number (If Available): XXX-XX-XXXX
 - d. Gender: Male ☐ Female ☐
 - e. Citizenship: (EX. ENGLAND)
 - f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
 - g. POB: (Ex. City/State/Country)
 - h. Passport Information: (Country, Pasport Number, Expiration Date)

2. **Language Proficiency** Please rate your written and spoken proficiency in at least one of the following languages: Dari, Pashto, or Urdu
(Note: Refer to Exhibit H. of the contract for details of each proficiency level.)

Spoken: Dari

Level 3 (general professional proficiency) Yes ☐ No ☐

Written:

Level 3 (general professional proficiency) Yes ☐ No ☐

Spoken: Pashto

Level 3 (general professional proficiency) Yes ☐ No ☐

Written:

Level 3 (general professional proficiency) Yes ☐ No ☐

Spoken: Urdu

Level 3 (general professional proficiency) Yes ☐ No ☐

Written:

Level 3 (general professional proficiency) Yes ☐ No ☐

3. **Security/Military Experience.**
- a. Acceptable personal and if appropriate military record?
- Yes ☐ No ☐ Explain: Enter Details Here

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b. Familiarity with physical security and access control matters?

Yes ☐

No ☐

Explain: Enter Details Here

c. Familiarity with local customs?

Yes ☐

No ☐

Explain: Enter Details Here

4. **Physical Fitness.** Please certify the following:

a. Are you well proportioned in height and weight?

Yes ☐

No ☐

b. Do you have physical disabilities that
would interfere with performance of your duties,
such as standing for prolonged periods of time?

Yes ☐

No ☐

c. Do you possess vision correctable (i.e. with
glasses or contacts) to 20/30?

Yes ☐

No ☐

d. Are you colorblind?

Yes ☐

No ☐

e. Can you hear ordinary conversation?

Yes ☐

No ☐

f. Up-to-date inoculations for international travel?

Yes ☐

No ☐

g. Free of communicable diseases?

Yes ☐

No ☐

5. **Suitability**

Convicted of any felony or misdemeanor involving moral circumstances during the 5-
year period preceding the date of this proposal?

Yes ☐

No ☐

6. **Additional information/comment:** Enter Details Here

DS/OPO/FPD
Office Use Only

DS/OPO/FPD Reviewer: Name: _____

Approved: _____ **Disapproved:** _____

COMMENTS: Enter Details Here

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Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT GUARD (LN) (PER H.5.1.4.13)

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format.
Please do not exceed more than five (5) pages)

Date: _____

Formed filled in by: _____

1. **Personnel Information:** Check here if Incumbent ☐
- a. Last Name: (EX. SMITH)
 - b. First Name: (EX. JOHN)
 - c. Social Security Number (If Available): XXX-XX-XXXX
 - d. Gender: Male ☐ Female ☐
 - e. Citizenship: (EX. ENGLAND)
 - f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
 - g. POB: (Ex. City/State/Country)
 - h. Passport Information: (Country, Pasport Number, Expiration Date)

2. Security/Military Experience.

- a. Possess acceptable personal, and if appropriate, military record?
Yes ☐ No ☐ Explain: Enter Details Here
- b. Familiar with physical security and access control matters?
Yes ☐ No ☐ Explain: Enter Details Here
- c. Familiar with local customs?
Yes ☐ No ☐ Explain: Enter Details Here

3. **Physical Fitness.** Please certify the following:

- a. Are you well proportioned in height and weight? Yes ☐ No ☐
- b. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time? Yes ☐ No ☐
- c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30? Yes ☐ No ☐
- d. Are you colorblind? Yes ☐ No ☐
- e. Can you hear ordinary conversation? Yes ☐ No ☐
- f. Up-to-date inoculations for international travel? Yes ☐ No ☐
- g. Free of communicable diseases? Yes ☐ No ☐

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Local Guard Services Kabul, Afghanistan

4. **Suitability**

Convicted of any felony or misdemeanor involving moral circumstances during the 5-year period preceding the date of this proposal? Yes ☐ No ☐

5. **Additional information/comment:** Enter Details Here

DS/OPO/FPD
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DS/OPO/FPD Reviewer: **Name:** _____

Approved: _____ **Disapproved:** _____

COMMENTS: Enter Details Here

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Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT EXPLOSIVE ORDNANCE DETECTION (EOD) DOG HANDLER (US/EXPAT) (PER 5.1.4.14)

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)

Date: _____

Formed filled in by: _____

1. Personnel Information:

Check if Incumbent ☐

- a. Last Name: (EX. SMITH)
- b. First Name: (EX. JOHN)
- c. Social Security Number (If Available): XXX-XX-XXXX
- d. Gender: Male ☐ Female ☐
- e. Citizenship: (EX. ENGLAND)
- f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
- g. POB: (Ex. City/State/Country)
- h. Passport Information: (Country, Pasport Number, Expiration Date)

2. Proficiency in English. Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H. of the contract for details of each proficiency level.)

Spoken:

English

Level 3 (general professional proficiency)

Yes ☐ No ☐

Written:

Level 3 (general professional proficiency)

Yes ☐ No ☐

3. Security/Military Experience.

- a. Minimum of 3 years of military, similar police, or local guard force experience in explosive ordinance detection dog handling
Yes ☐ No ☐ Explain: Enter Details Here
- b. Competent dog handling skills
Yes ☐ No ☐ Explain: Enter Details Here
- c. Familiar with physical security and access control matters
Yes ☐ No ☐ Explain: Enter Details Here

4. Physical Fitness. Please certify the following:

- a. Are you well proportioned in height and weight? Yes ☐ No ☐
- b. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time? Yes ☐ No ☐
- c. Do you possess vision correctable (i.e. with

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Local Guard Services Kabul, Afghanistan

- glasses or contacts) to 20/30? Yes ☐ No ☐
- d. Are you colorblind? Yes ☐ No ☐
- e. Can you hear ordinary conversation? Yes ☐ No ☐
- f. Up-to-date inoculations for international travel? Yes ☐ No ☐
- g. Free of communicable diseases? Yes ☐ No ☐

5. **Suitability**

Convicted of any felony or misdemeanor involving moral circumstances during the 5-year period preceding the date of this proposal? Yes ☐ No ☐

6. **Additional information/comment: Enter Details Here**

DS/OPO/FPD
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DS/OPO/FPD Reviewer: Name: _____

Approved: ☐ Disapproved: ☐

COMMENTS: Enter Details Here

EXHIBIT M - RESUME FORMAT
RADIO MAINTENANCE TECHNICIAN (US/EXPAT)
 (PER H.5.1.4.16.1)

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)

Date: _____

Formed filled in by: _____

1. Personnel Information:

Check here if Incumbent ☐

- a. Last Name: (EX. SMITH)
- b. First Name: (EX. JOHN)
- c. Social Security Number (If Available): XXX-XX-XXXX
- d. Gender: Male ☐ Female ☐
- e. Citizenship: (EX. ENGLAND)
- f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
- g. POB: (Ex. City/State/Country)
- h. Passport Information: (Country, Pasport Number, Expiration Date)

2. Proficiency in English. Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H.3.2 of the contract for details of each proficiency level.)

Spoken:

English

Level 3 (general professional proficiency)

Yes ☐ No ☐

Written:

Level 3 (general professional proficiency)

Yes ☐ No ☐

3. Security/Military Experience.

- a. A minimum of 3 (three) years of experience maintaining similar radios

Yes ☐ No ☐ Explain: Enter Details Here

- b. Experienced with, and capable of, maintaining all assigned ESF communication s equipment

Yes ☐ No ☐ Explain: Enter Details Here

- c. Attended and completed a Motorola training certification course on the type of radio used by post prior to performing his/her duties.

Yes ☐ No ☐ Explain: Enter Details Here

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Local Guard Services Kabul, Afghanistan

4. **Physical Fitness.** Please certify the following:
- | | | |
|--|------------------------------|-----------------------------|
| a. Are you well proportioned in height and weight? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Are you colorblind? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Can you hear ordinary conversation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Up-to-date inoculations for international travel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Free of communicable diseases? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

5. **Suitability**
Convicted of any felony or misdemeanor involving moral circumstances during the 5-year period preceding the date of this proposal? Yes ☐ No ☐

6. **Additional information/comment:** Enter Details Here

DS/OPO/FPD
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DS/OPO/FPD Reviewer: Name: _____

Approved: _____ **Disapproved:** _____

COMMENTS: Enter Details Here

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Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT VEHICLE MAINTENANCE TECHNICIAN (US/EXPAT) (PER H.5.1.4.16.2)

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)

Date: _____

Formed filled in by: _____

1. Personnel Information: **Check here if Incumbent** ☐

- a. Last Name: (EX. SMITH)
- b. First Name: (EX. JOHN)
- c. Social Security Number (If Available): XXX-XX-XXXX
- d. Gender: Male ☐ : Female ☐
- e. Citizenship: (EX. ENGLAND)
- f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
- g. POB: (Ex. City/State/Country)
- h. Passport Information: (Country, Pasport Number, Expiration Date)

2. Proficiency in English. Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H. of the contract for details of each proficiency level.)

<u>Spoken:</u>	<u>English</u>
Level 3 (general professional proficiency)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Written:</u>	
Level 3 (general professional proficiency)	Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Security/Military Experience.

- a. A minimum of 3 (three) years of experience maintaining similar motor vehicles
Yes ☐ No ☐ Explain: Enter Details Here
- b. Experienced with, and capable of, maintaining all assigned ESF motor vehicles
Yes ☐ No ☐ Explain: Enter Details Here
- c. Meet requirements outlined in H.13
Yes ☐ No ☐ Explain: Enter Details Here
- d. Attended and completed a Lenco training certification course on the maintenance and repair of Bearcat vehicles
Yes ☐ No ☐ Explain: Enter Details Here
- e. Completed DEAVFAV/BEARCAT orientation
Yes ☐ No ☐ Explain: Enter Details Here

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Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

4. **Physical Fitness.** Please certify the following:
- | | | |
|--|------------------------------|-----------------------------|
| a. Are you well proportioned in height and weight? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Are you colorblind? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Can you hear ordinary conversation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Up-to-date inoculations for international travel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Free of communicable diseases? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

5. **Suitability**
- a. Convicted of any felony or misdemeanor involving moral circumstances during the 5-year period preceding the date of this proposal? Yes ☐ No ☐

6. **Driving:**
- a. List driver license information: (Country/State/City, number): Enter Details Here
- b. Any traffic violation or accidents within the last 5 years? Yes ☐ No ☐
- c. Drivers License or ability to obtain driver's license in Iraq, if required by law, for all vehicles required under this contract? Yes ☐ No ☐
- d. Exhibit basic knowledge of vehicle operator functions and safe driving techniques? Yes ☐ No ☐
- e. Familiar with physical security and access control matters? Yes ☐ No ☐
- f. Skilled in operating two-way radio communication devices? Yes ☐ No ☐

6. **Additional information/comment:** Enter Details Here

DS/OPO/FPD
Office Use Only

DS/OPO/FPD Reviewer: Name: _____

Approved: _____ Disapproved: _____

COMMENTS: Enter Details Here

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Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT ARMORER - WEAPON MAINTENANCE TECHNICIAN (US/EXPAT) (PER H.5.1.4.16.3)

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)

Date

Formed filled in by: _____

1. **Personnel Information:** Check here if Incumbent ☐
- a. Last Name: (EX. SMITH)
 - b. First Name: (EX. JOHN)
 - c. Social Security Number (If Available): XXX-XX-XXXX
 - d. Gender: Male ☐ Female ☐
 - e. Citizenship: (EX. ENGLAND)
 - f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
 - g. POB: (Ex. City/State/Country)
 - h. Passport Information: (Country, Pasport Number, Expiration Date)

2. **Proficiency in English.** Please rate your proficiency in spoken and English.
(Note: Refer to Exhibit H of the contract for details of each proficiency level.)
- | | | |
|--|--|----------------|
| <u>Spoken:</u> | | <u>English</u> |
| Level 3 (General Professional Proficiency) | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| <u>Written:</u> | | <u>English</u> |
| Level 3 (General Professional Proficiency) | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

4. **Armorer Experience**

- a. A minimum of 3 (three) years experience with maintenance of weapons to Original Equipment Manufacturers (OEM) standards for all ESF assigned weapons
Yes ☐ No ☐ Explain: Enter Details Here
- b. Factory certified on all weapons for which he/she is responsible (see Exhibits A and E), within the last five years.
Yes ☐ No ☐ Explain: Enter Details Here
- c. Attended and completed training at DEAV prior to performing his/her duties
Yes ☐ No ☐ Explain: Enter Details Here
- d. Capable of maintaining on-going inventory data base of all assigned weapons and ammunition
Yes ☐ No ☐ Explain: Enter Details Here

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Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

4. **Physical Fitness.** Please certify the following:
- a. Are you well proportioned in height and weight? Yes ☐ No ☐
- b. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time? Yes ☐ No ☐
- c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30? Yes ☐ No ☐
- d. Are you colorblind? Yes ☐ No ☐
- e. Can you hear ordinary conversation? Yes ☐ No ☐
- f. Up-to-date inoculations for international travel? Yes ☐ No ☐
- g. Free of communicable diseases? Yes ☐ No ☐

5. **Suitability**
Convicted of any felony or misdemeanor involving moral circumstances during the 5-year period preceding the date of this proposal? Yes ☐ No ☐

6. **Additional information/comment:**

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DS/OPO/FPD Reviewer: Name:

Approved: ☐ **Disapproved:** ☐

COMMENTS: Enter Details Here

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Contract No. S-AQMPD-07-C0054
Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT PHYSICIAN ASSISTANT (US/EXPAT) (PER H.5.1.4.17)

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)

Date

Formed filled in by: _____

1. **Personnel Information:** Check here if Incumbent ☐
- a. Last Name: (EX. SMITH)
 - b. First Name: (EX. JOHN)
 - c. Social Security Number (If Available): XXX-XX-XXXX
 - d. Gender: Male ☐ Female ☐
 - e. Citizenship: (EX. ENGLAND)
 - f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
 - g. POB: (Ex. City/State/Country)
 - h. Passport Information: (Country, Passport Number, Expiration Date)

2. **Proficiency in English.** Please rate your proficiency in spoken and English.
(Note: Refer to Exhibit H of the contract for details of each proficiency level.)

Spoken: English
Level 3 (General Professional Proficiency) Yes ☐ No ☐

Written: English
Level 3 (General Professional Proficiency) Yes ☐ No ☐

3. **Proficiency in the native language of the majority of the guard force**
- Spoken: Language:
Level 3 (General Professional Proficiency) Yes ☐ No ☐
- Written: Language:
Level 3 (General Professional Proficiency) Yes ☐ No ☐

5. **Experience**

- a. At least 3 years of experience as a Physician Assistant or a higher level, preferably with the military or in combat zone.
Yes ☐ No ☐ Explain: Enter Details Here
- b. Certification by a recognized entity
Yes ☐ No ☐ Explain: Enter Details Here
- c. Ability to work additional hours, as needed
Yes ☐ No ☐ Explain: Enter Details Here
- d. Capable of meeting health requirements (See Section H.2.3)

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Yes ☐ No ☐ Explain: Enter Details Here

4. **Physical Fitness.** Please certify the following:

a. Are you well proportioned in height and weight?

Yes ☐ No ☐

b. Do you have physical disabilities that
would interfere with performance of your duties,
such as standing for prolonged periods of time?

Yes ☐ No ☐

c. Do you possess vision correctable (i.e. with
glasses or contacts) to 20/30?

Yes ☐ No ☐

d. Are you colorblind?

Yes ☐ No ☐

e. Can you hear ordinary conversation?

Yes ☐ No ☐

f. Up-to-date inoculations for international travel?

Yes ☐ No ☐

g. Free of communicable diseases?

Yes ☐ No ☐

5. **Suitability**

Convicted of any felony or misdemeanor involving moral circumstances during the 5-
year period preceding the date of this proposal? Yes ☐ No ☐

7. **Additional information/comment:**

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DS/OPO/FPD Reviewer: Name:

Approved: ☐ **Disapproved:** ☐

COMMENTS: Enter Details Here

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EXHIBIT M - RESUME FORMAT CERTIFIED FIREARMS INSTRUCTOR (US/EXPAT) (PER H.5.5.5.1)

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format.
Please do not exceed more than five (5) pages)

Date: _____

Formed filled in by: _____

1. **Personnel Information:** Check here if Incumbent ☐
 - a. Last Name: (EX. SMITH)
 - b. First Name: (EX. JOHN)
 - b. Social Security Number (If Available): XXX-XX-XXXX
 - c. Gender: Male ☐ Female ☐
 - d. Citizenship: (EX. ENGLAND)
 - e. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
 - f. POB: (Ex. City/State/Country)
 - g. Passport Information: (Country, Pasport Number, Expiration Date)
2. **Proficiency in English.** Please rate your proficiency in both spoken and written English.
(Note: Refer to Exhibit H. of the contract for details of each proficiency level.)

<u>Spoken:</u> Level 3 (general professional proficiency)	<u>English</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Written:</u> Level 3 (general professional proficiency)	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. **Provide verifiable evidence of successful training and work experience.**
 - a. Qualified at the level necessary to provide firearms instruction for the weapons described in Exhibit E.
Yes ☐ No ☐ Explain: Enter Details Here
 - c. Possess verifiable certification of successful training and work experience as an instructor.
Yes ☐ No ☐ Explain: Enter Details Here
4. **Physical Fitness.** Please certify the following:

a. Are you well proportioned in height and weight?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Are you colorblind?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Can you hear ordinary conversation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Up-to-date inoculations for international travel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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g. Free of communicable diseases?

Yes ☐

No ☐

5. **Suitability**

Convicted of any felony or misdemeanor involving moral circumstances during the 5-year period preceding the date of this proposal? Yes ☐ No ☐

6. **Additional information/comment: Enter Details Here**

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DS/OPO/FPD Reviewer: Name: _____

Approved: _____ Disapproved: _____

COMMENTS: Enter Details Here

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EXHIBIT M - RESUME FORMAT CERTIFIED INSTRUCTOR (US/EXPAT) (PER H.5.5.1.3)

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.

Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)

Date: _____

Formed filled in by: _____

1. **Personnel Information:** Check here if Incumbent ☐
 - a. Last Name: (EX. SMITH)
 - a. First Name: (EX. JOHN)
 - b. Social Security Number (If Available): XXX-XX-XXXX
 - c. Gender: Male ☐ Female ☐
 - d. Citizenship: (EX. ENGLAND)
 - e. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX)
 - f. POB: (Ex. City/State/Country)
 - g. Passport Information: (Country, Pasport Number, Expiration Date)
2. **Proficiency in English.** Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H. of the contract for details of each proficiency level.)

<u>Spoken:</u> Level 3 (general professional proficiency)	<u>English</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Written:</u> Level 3 (general professional proficiency)	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. **Experience/Certification.**
 - a. Possess Documentation of past teaching experiences or successfully completed an "instructor training course" by a recognized accreditation-training program.
Yes ☐ No ☐ Explain: Enter Details Here
 - b. Possess verifiable certification of at least eight (8) years of successful training and work experience as an instructor, typically as an instructor at a U.S. federal, state, local government or military training facility
Yes ☐ No ☐ Explain: Enter Details Here
4. **Physical Fitness.** Please certify the following:

a. Are you well proportioned in height and weight?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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- d. Are you colorblind? Yes ☐ No ☐
e. Can you hear ordinary conversation? Yes ☐ No ☐
f. Up-to-date inoculations for international travel? Yes ☐ No ☐
g. Free of communicable diseases? Yes ☐ No ☐

5. **Suitability**
Convicted of any felony or misdemeanor involving moral circumstances during the 5-year period preceding the date of this proposal? Yes ☐ No ☐

6. **Additional information/comment:** Enter Details Here

DS/OPO/FPD
Office Use Only

DS/OPO/FPD Reviewer: Name: _____

Approved: _____ **Disapproved:** _____

COMMENTS: Enter Details Here

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